



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600003

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FALLTOWN SPIRITS, INC.

DOING BUSINESS AS

ADDRESS 77 CHURCH STREET

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER: STREETER, DAVID TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR CONSISTS OF ONE LIQUOR STORE ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600005

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JPK CORNER COUNTRY STORE, INC.

DOING BUSINESS AS THE COUNTRY CORNER

ADDRESS 44 CHURCH STREET

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER: KLEIN, JEFFREY P. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, 5 ROOMS UP AND 3 ROOMS DOWN AND CELLAR USED FOR COMPRESSORS
FOR REFRIGERATORS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600006

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERNARDSTON VETERANS ORGANIZATION, INC.

DOING BUSINESS AS

ADDRESS 16 HARTWELL STREET

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER:

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR BUILDING WITH KITCHEN, MEN'S ROOM; LADIES ROOM, MEETING ROOM;
STORAGE AND BAR, TV ROOM

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600007

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CRUMPIN-FOX CLUB, INC.

DOING BUSINESS AS

ADDRESS 87 PARMENTER

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR, LOUNGE AREA AND VERANDA AND PATIO. DOWNSTAIRS LOCKER ROOM AREA

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600008

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CUCA, INC

DOING BUSINESS AS BELLA NOTTE RISTORANTE

ADDRESS 199 HUCKLE HILL ROAD

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER: CECUNJANIN,
ABAZ

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SPLIT LEVEL, THREE MAIN ROOMS AND STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600009

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JESSE ARRON CORP.DRIVE-IN, INC.

DOING BUSINESS A FOUR LEAF CLOVER RESTAURANT

ADDRESS 19 SOUTH STREET

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER: SNOW, MARK E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, NO CELLAR PLUS A DINING ROOM

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600011

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A 1 Limited, LLC

DOING BUSINESS AS Antonio's II Pizza

ADDRESS 1 SOUTH STREET

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER: Cardin, Clayton

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, CELLAR, 1ST FL. FOR DINING, RESTROOM, KITCHEN, WALK IN COOLER,
SECOND FLOOR: STORAGE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600012

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FARM TABLE LLC

DOING BUSINESS AS FARM TABLE

ADDRESS 219 SOUTH STREET

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER: MENKE, BRETT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 009600013

CITY OR TOWN BERNARDSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KRINGLE LIQUOR SHOP, LLC

DOING BUSINESS AS

ADDRESS 219 SOUTH ST, BLDG 3

CITY/TOWN: BERNARDSTON

STATE: MA

ZIP CODE: 01337

MANAGER: TOZLOSKI, BARRETYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

562 SF SPACE ON FIRST FLOOR. COMPRISED OF THE ENTRY, RETAIL 1 AND RETAIL 2
LOCATED IN THE FRONT OF THE PREMISES AND 113 SF STORAGE SPACE COMPRISED OF
THE ROOMS CURRENTLY KNOWN AS THE KITCHEN AND BATHROOM, LOCATED IN REAR
OF PREMISES

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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